



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2008 8:00 am
Secretary of State

07-03-2008 90015 016 ****70.00

DOCUMENT # N24166 1. Entity Name ORLANDO AREA THEATRE ORGAN SOCIETY, INC.					
Principal Place of Business 5939 KENDREW DRIVE PORT ORANGE, FL 32127 US			Mailing Address 5939 KENDREW DR PORT ORANGE, FL 32127 US		
2. Principal Place of Business - No P.O. Box # 873 LITTLE BEND ROAD Suite, Apt. #, etc.		3. Mailing Address P.O. Box 161548 Suite, Apt. #, etc.			
City & State ALTAMONTE SPRINGS, FL		City & State ALTAMONTE SPRINGS, FL		4. FEI Number 59-2914026	
Zip 32714		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, WARREN 5939 KENDREW DRIVE PORT ORANGE, FL 32127		7. Name and Address of New Registered Agent Name NARDY, JR., JOHN A. Street Address (P.O. Box Number is Not Acceptable) 873 LITTLE BEND ROAD City ALTAMONTE SPRINGS, FL Zip Code 32714			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>John A. Nardy, Jr., JOHN A. NARDY, JR., PRESIDENT</u> <u>06/30/08</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBOIS, PHIL P.O. BOX 49237 SAINT PETERSBURG, FL 33743	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D NARDY, JR., JOHN A. 873 LITTLE BEND ROAD ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERRAR, DORIS B 115 WOODLAND DRIVE LEESBURG, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D NARDY, PHYLLIS C 873 LITTLE BEND ROAD ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, WARREN 5939 KENDREW PORT ORANGE, FL 32127	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D COLESHAW, SUSAN 1211 OLD HIGHWAY 441 MOUNT DORA, FL 32757	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HENNING, HAZEL B. 16 COBBLESTONE COURT CASSELBERRY, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUBOIS, PHIL P.O. BOX 49237 SAINT PETERSBURG, FL 33743	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D COLE, SUSAN 1211 OLD HIGHWAY 441 MOUNT DORA, FL 32757	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, CHRISTOPHER 309 SPRING VALLEY ROAD ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, CHRISTOPHER 309 SPRING VALLEY ROAD ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID WATFORD 1430 JEFFREY ROAD TALLAHASSEE, FL 32313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>John A. Nardy, Jr., JOHN A. NARDY, JR., PRESIDENT</u> <u>06/30/08</u> <u>(407) 862-1390</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone #</small>					